

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis (No. 1918a S. 3rd. St.)

Registration District No. 791
Primary Registration District No. 71003

File No. 3955
Registered No. 994
St. Ward

2. FULL NAME Theresa Wittrock

(a) Residence, No. 1918a S. 3rd. St. 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Wittrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9th. 1858.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Henry Auer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Cora William
1918a S. 3rd. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan. 23rd. 1937

19. UNDERTAKER Wacker, Helderle
(ADDRESS) 2331 S. Broadway

20. FILED 22 1937 J. B. Budeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th. 19 37

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1937, to Jan. 20, 1937.
I last saw her alive on Jan. 10, 1937. Death is said to have occurred on the date stated above, at 1.45 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Myocarditis (Chronic) 2 yrs.
Interstitial Nephritis (Chronic) 2 yrs.
Other contributory causes of importance: 131

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) R. B. Karn, M. D.
(Address) 2002 So. Broadway

